

NAME:

Hospital No:

NHS No:

DOB:

Male [] Female []



**Worcestershire
Acute Hospitals**
NHS Trust

CARE PATHWAY FOR IV DIURETIC THERAPY IN AMBULATORY LOUNGE

This pathway is intended for the use for patients where a decision has been made to administer IV diuretics as a Day Patient for the treatment of Acute Heart Failure

This Care Pathway has been developed by a Multi-Disciplinary Team. It is intended as a guide to care and treatment and an aid to documenting patient progress. The Care Pathway is designed to replace the conventional medical and nursing clinical record.

This guidance does not override the individual responsibility of the healthcare professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with the patient. Healthcare professionals must be prepared to justify any deviation from this guidance.

Please ensure that you have recorded your name, position and sample signature including initials for future reference within this pathway.

PRINT NAME	POSITION	SIGNATURE	INITIALS

NAME:

Hospital No:

NHS No:

DOB: Male Female

Presenting complaint:

History of presenting complaint:

Co-morbidities: (please tick)

- Hypertension
- Diabetes
- Coronary Disease
- Previous MI
- Valve Disease
- AF / Atrial Flutter
- Asthma / COPDV

Dry weight:

Medications:

Allergies:

Drug:	Dose:	Frequency:	Drug:	Dose:	Frequency:

NAME:

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Male [] Female []

Patient Telephone Number:

NO:	Desig:	INTERVENTION If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes	Signature (Time & Date)
2	RN	<ul style="list-style-type: none">• Orientation patient to treatment area• Next of Kin Name:• Next of Kin Telephone Number:	
3	RN DR	<ul style="list-style-type: none">• Echocardiography:• Has a recent CXR been taken? Yes [] No []• ECG taken? Yes [] No []	
4	RN DR	<ul style="list-style-type: none">• Any other important clinical detail?• Falls risk? Yes [] No []• DNACPR order in place? Yes [] No []• RESPECT Form Yes [] No []	
5	RN DR	<ul style="list-style-type: none">• Information leaflet given? Yes [] No []• Apply wrist band: Yes [] No [] Use red band if any allergies, advise patient to keep wristband on until discharged• Insert cannula and record on separate PVD form	

NAME:

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DOB: Male [] Female []

Date:

Day 1

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

Date:

Day 2

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

NAME:

Hospital No:

NHS No:

DOB: Male [] Female []

Date:

Day 3

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

Date:

Day 4

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

NAME:

Hospital No:

NHS No:

DOB: Male [] Female []

Date:

Day 5

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

Date:

Day 6

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

NAME:

Hospital No:

NHS No:

DOB: Male [] Female []

Date:

Day 7

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

Date:

Day 8

NYHA: I II III IV

Examination:

JVP:



Oedema:

Treatment (including PO diuretics):

Weight change:

Urea:

Creatinine:

EGFR:

Chest pain		Orthopnoea	
Palpitations		PND	
Dizziness			

NAME:

Hospital No:

NHS No:

DOB: Male [] Female []

INTERVENTION

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BLOODS

Date:	Pre-treatment	On discharge
Na		
K+		
Urea		
Creatinine		
eGFR		
Hb		
WCC		
NT-Pro BNP		
Ferritin <small>(if not done in last 12 months)</small>		
T SATS (%)		
Albumin		
LFT'S		
Chloride		
Signature		

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Male [] Female []

INTERVENTION

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BLOODS

Date:					
NA					
K+					
Urea					
Creatinine					
eGFR					
Hb					
WCC					
Signature					
Date:					
NA					
K+					
Urea					
Creatinine					
eGFR					
Hb					
WCC					
Signature					

Daily Weight Chart

NAME:

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NHS No:

DOB: Male [] Female []

Height:

BMI:

Date:																					
Kgs:																					
9																					
8																					
7																					
6																					
5																					
4																					
3																					
2																					
1																					
0																					
9																					
8																					
7																					
6																					
5																					
4																					
3																					
2																					
1																					
0																					
Weight Change																					

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NO:	Desig:	INTERVENTION If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes									
7	RN	Observations									
		Day 1		Day 2		Day 3		Day 4			
		Date:									
			Pre	Post	Pre	Post	Pre	Post	Pre	Post	
		Time:									
		BP									
		P									
		SpO2 (%)									
		RR									
		Temp									
				Day 5		Day 6		Day 7		Day 8	
		Date:									
			Pre	Post	Pre	Post	Pre	Post	Pre	Post	
		Time:									
		BP									
		P									
		SpO2 (%)									
		RR									
		Temp									

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NO:	Desig:	INTERVENTION If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes							
8	DR	Prescription of Treatment							
	RN	Date	DRUG (any additives)	DOSE	Route	Time Given	Prescribed By	Given By	Checked By

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NO:	Desig:	INTERVENTION				
		If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes				
9	RN	Patient Education & Counselling Measures				
	HFSN DR	Intervention	Yes	No	Comments	Signature
		Diet: Low salt, Fluid Restriction				
		Exercise				
		Weight Monitoring (<2 kgs in 2 days)				
		Detection of worsening symptoms:				
		Dyspnoea				
		Orthopnoea				
		PND				
		Oedema				
		Ascites				
		Fatigue				
		Dizzy / Lightheaded				
		Palpitation				
		Chest Pain				
Support / Who to Contact						